

Docket: A-67209-5/RM DCF  
[469420-00020]

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor:	David R. Walt, <i>et al.</i>	Examiner:	Lyle ALEXANDER
Appl. No.:	09/840,012	Group Art Unit:	1743
Filed:	April 20, 2001	<b>CERTIFICATE OF FACSIMILE</b>	
Title:	<b>FIBER OPTIC SENSOR WITH ENCODED MICROSPHERES</b>	I hereby certify that this correspondence, including enclosures, is being transmitted via facsimile to the United States Patent and Trademark Office, as addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 at facsimile no. (703) 293-9306	
		on:	July 20, 2004
		Signed:	<i>Mari Kleinschmidt</i> Mari Kleinschmidt

**PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby petitions for a one-month Extension of Time in order to respond to the Office Action mailed April 8, 2004. The Commissioner is hereby authorized to charge the fee of \$55.00 for a small entity and any additional fees that may be required, or credit any overpayments to Deposit Account No. 50-2319 (Our Order No. A-67209-5/RMS/DCF [469420-00020]).

Respectfully submitted,

DORSEY & WHITNEY LLP

Date: July 20, 2004

By: David C. Foster

08/03/2004 NLAURENC 00000002 502319 09840012  
01 FC:2251 55.00 DA

David C. Foster, Reg. No. 44,685 for  
Robin M. Silva, Reg. No. 38,304  
DORSEY & WHITNEY LLP  
Four Embarcadero Center  
Suite 3400  
San Francisco, CA 94111-4187  
Fax No. 415-398-3249

SF-1147752\_1

*FLL*

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/840012

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20=	11
INDEPENDENT CLAIMS	11 minus 3=	8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

8.7.02

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus	=
Independent	3	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=	99.00	OR	X\$18=	
X40=	40	OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

4.14.03

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	217	Minus	31 = 186
Independent	3	Minus	4 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

7.20.04

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	Minus	217 = -
Independent	4	Minus	4 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	144	OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL	144	OR	TOTAL	
ADDIT. FEE	144	OR	ADDIT. FEE	

BEST AVAILABLE COPY

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.